power of-

one

Five Unit Recognition Application

Use this form to apply for state and national recognition when you have completed all five Power of One units. Please print or type all information. Send two copies of this form to the state advisor by February 1st. To each form, attach a copy of the chapter affiliation form to verify membership.

National dues must be **postmarked by March 1** for all students to qualify for national recognition.

State Advisors: Send one copy with membership verification postmarked no later than April 1 to:

	Power of One		_	
	Family, Career and Commu	nity Leaders of Am	erica	
	1910 Association Drive			
D (1.1. (T.C.	Reston, VA 20191-1584			
Participant Info				
Member				
Advisor				
School Name				
School Address_				
City	State		Zip	
School Phone ()	Fax ()		
Current grade in	school_			
Unit: A Better	You			
Project Title		I	Date Approved	
	evel: _ Level 1 _ Level 2			
Description and	Accomplishments:			
Unit: Family T	ies			
Project Title		I	Date Approved	
Power of One Lo	evel: _ Level 1 _ Level 2			

Description and Accomplishments:

Power of One Five Unit Recognition Application – 2	
Unit: Working on Working	
Project Title Power of One Level: _ Level 1 _ Level 2	Date Approved
Power of One Level: _ Level 1 _ Level 2	
Description and Accomplishments:	
Unit: Take the Lead	
Project Title	Date Approved
Power of One Level: _ Level 1 _ Level 2	
Description and Accomplishments:	
Unit: Speak Out for FCCLA	
Project Title	Date Approved
Power of One Level: _ Level 1 _ Level 2	
Description and Accomplishments:	
I certify that the above student has met the membership requires	ments and has completed all five Power of One Units.
Chapter Advisor Signature	Date
State Advisor Signature	Data
State Advisor Signature	Date
All recognition applications become the property of the nationa	Lassociation of FCCLA, which reserves the right to
publish names and quotes from the recognition applications in i	